

UNITED STATES BANKRUPTCY COURT

Eastern District of Michigan



In re: Global Landscape Center, Inc.
Debtor

Case No. 12-60544

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: April

Date filed: 9/10/12

Line of Business: Landscape

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:

[Signature]

Original Signature of Responsible Party

Brent Tully

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

H 25C (Official Form 25C) (12/03)

14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? ☐ h
15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? ☐ h
16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? ☐ h
17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? ☐ h
18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? ☐ h

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ h

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL INCOME \$ 9,730.64

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 388.04Cash on Hand at End of Month \$ 4,953.86PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 6,315.60

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL EXPENSES \$ 9,262.19

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$ 9,730.64EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) \$ 9,262.19

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH \$ 468.45

B-250 (Official Form 250) (12-08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ 0.00

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL RECEIVABLES \$ 1240.34

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?

NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?

3
0

PROFESSIONAL FEES**BANKRUPTCY RELATED:**

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0.00

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 0.00**NON-BANKRUPTCY RELATED:**

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?

\$ 0.00

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?

\$ 0.00

U.S. Bankruptcy Court Form 2507 (12-08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 150 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ 45,000.00	\$ 9730.64	\$ -35,269.36
EXPENSES	\$ 44,915.13	\$ 9262.11	\$ -35,652.99
CASH PROFIT	\$ 82.87	\$ 468.45	\$

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:

\$ 45,000.00

TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:

\$ 44,915.13

TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:

\$ 82.87

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

GLOBAL LANDSCAPE CENTER, INC.
STATEMENT OF OPERATIONS

	1 Month Ended April 30, 2013	%
Income		
Sales	\$ 2,430.64	100.00
Total Income	<u>2,430.64</u>	<u>100.00</u>
Cost of Goods Sold		
Cost Of Goods Sold	<u>1,803.96</u>	<u>74.22</u>
Total Cost of Goods Sold	<u>1,803.96</u>	<u>74.22</u>
Gross Profit	<u>626.68</u>	<u>25.78</u>
Operating Expenses		
Employer Payroll Taxes	(21.08)	-0.87
Insurance	2100.62	86.42
Legal And Accounting	615.00	25.33
Rents	4500.00	185.14
Utilities	322.76	13.28
Bank Charges	400.71	16.49
Depreciation	<u>1,244.18</u>	<u>51.19</u>
Total Operating Expenses	<u>9,262.19</u>	<u>381.06</u>
Operating Income (Loss)	<u>(6,635.51)</u>	<u>-355.28</u>
Other Income (Expense)		
Other Income	<u>7,305.00</u>	<u>300.58</u>
Total Other Income (Expense)	<u>7,305.00</u>	<u>300.58</u>
Net Income (Loss) Before Taxes	<u>(1,329.51)</u>	<u>-54.70</u>
Net Income (Loss)	<u>\$ (1,329.51)</u>	<u>-54.70</u>

Restricted for Management's use Only
Please refer to our transmittal letter.
PADGETT BUSINESS SERVICES

Printed: 5/14/13



EVIDENCE OF PROPERTY INSURANCE

OP ID: CK

DATE (MM/DD/YYYY)
10/03/2012

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY PHONE ~~XXXXXXXXXX~~ 500
Capital Insurance Group
1263 West Square Lake Road
Bloomfield Hills, MI 48302
Phillip Hoyt

COMPANY
Frankenmuth Mutual
One Mutual Avenue
Frankenmuth, MI 48787-0001

FAX ~~XXXXXXXXXX~~
E-MAIL ADDRESS:

CODE: ~~XXXXXX~~ SUB CODE:

AGENCY CUSTOMER ID: GLOBA-3
INSURED Global Landscape Center
Brent Teddy
12725 Levan Road
Livonia, MI 48150

LOAN NUMBER POLICY NUMBER
CPP6120724

EFFECTIVE DATE EXPIRATION DATE
08/27/12 08/27/13
THIS REPLACES PRIOR EVIDENCE DATED: CONTINUED UNTIL TERMINATED IF CHECKED

PROPERTY INFORMATION

LOCATION/DESCRIPTION
12725 Levan Road
Livonia, MI 48150

Local landscape supply with equipment sales

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Premises 001 Building 001		
BPP	400000	1,000.00
STOCK	300000	1,000.00
BREE		

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS	MORTGAGEE	ADDITIONAL INSURED
VFS US LLC & its assigns c/o American Lease Insurance 654 Amherst Rd. Ste 340 Sunderland, MA 01375	LOAN PAYEE	X Lenders Loss Payee
	LOAN #	
	502-7590213	
	AUTHORIZED REPRESENTATIVE	
	Phillip Hoyt	

ACORD 27 (2006/07)

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EVIDENCE OF PROPERTY INSURANCE

OP ID: CK

DATE (MM/DD/YYYY)
10/03/2012

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE OF PROPERTY INSURANCE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

AGENCY PHONE 248-221-2500
E-MAIL ADDRESSCapital Insurance Group
1263 West Square Lake Road
Bloomfield Hills, MI 48302
Phillip Hoyt

COMPANY

Frankenmuth Mutual
One Mutual Avenue
Frankenmuth, MI 48787-0001FAX 248-221-2500
E-MAIL ADDRESS

CODE 0210550 SUB CODE

AGENCY CUSTOMER ID # GLOBE-3
INSURED Global Landscape Center
Brent Toddy
12725 Levan Road
Livonia, MI 48150

LOAN NUMBER

POLICY NUMBER

CPP6120724

EFFECTIVE DATE

EXPIRATION DATE

08/27/12

08/27/13

CONTRACT UNTIL

TERMINATION IS CHECKED

THIS REPLACES PRIOR EVIDENCE DATED

PROPERTY INFORMATION

LOCATION/DESCRIPTION
12725 Levan Road
Livonia, MI 48150Local landscape supply with equipment
sales

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

	COVERAGE / PERILS / FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Premises 001 Building 001			
BPP		400000	1,000.00
STOCK		300000	1,000.00
BVEE			

REMARKS (Including Special Conditions)

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE ADDITIONAL INTEREST NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

ADDITIONAL INTEREST

NAME AND ADDRESS

MORTGAGEE

ADDITIONAL INSURED

LOAN #

LOAN #

Evidence of Coverage

AUTHORIZED REPRESENTATIVE
Phillip Hoyt

ACORD 27 (2006/07)

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CARRIER NUMBER 17388	NAMED INSURED GLOBAL LANDSCAPE CENTER DEBTOR	POLICY NO. WC 6120724	POLICY TERM 08/27/2012 to 08/27/2013	AGENT NO. 0210556
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Monthly Agency Account A021055600 001 00001
PAYMENT PLAN NOTICE TO FOLLOW
THANK YOU FOR LETTING US SERVE YOU!

AGENT CAPITAL INSURANCE GROUP
1263 W SQUARE LAKE RD
BLOOMFIELD HILLS, MI 48302
~~0210556 700/0068~~
0210556 700/0068

Information Page - Amended Declaration
NAMED INSURED CHANGED

EFFECTIVE DATE 10/22/2012

INSURER: Frankenmuth Mutual Insurance Company

ISSUE DATE 10/23/2012

ITEM 1. Named Insured

GLOBAL LANDSCAPE CENTER DEBTOR
IN POSSESSION
12725 LEVAN RD
LIVONIA, MI 48150

ENTITY OF INSURED Corporation
FEDERAL EMPLOYER I.D. ***7552
AUDIT FREQUENCY Annual
FILING NUMBER ~~0210556~~

Group Name CHAMBER OF COMMERCE MEMBERS (MICHIGAN)

ITEM 2. Policy Period

08/27/2012 to 08/27/2013 12:01 a.m. Standard Time at the address of the insured as stated herein

ITEM 3A. Workers' Compensation Insurance

Part One of the policy applies to the Workers' Compensation Law of the states listed here:
MICHIGAN

ITEM 3B. Employer's Liability Insurance

Part Two of the policy applies to work in each state listed in item 3A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	500,000	each accident
Bodily Injury by Disease	\$	500,000	each employee
Bodily Injury by Disease	\$	500,000	policy limit

ITEM 3C. Other States Insurance

Part Three of the policy applies to the states, if any, listed here: All states except North Dakota, Ohio, Washington, Wyoming, and states designated in item 3A of the Declarations.

ITEM 3D. Endorsements and Schedules

See attached schedule for a list of endorsements and schedules forming part of this policy.

ITEM 4. Classification of Operations *

The premium for this policy will be determined by our manual of rules, classifications, rates, and rating plans. All information required below is subject to verification and change by audit.

	EST ANN PREMIUM
SEE THE FOLLOWING ITEM 4 SCHEDULE	\$1,351
Premium Discount	\$-18
Expense Constant	\$225
TOTAL ESTIMATED ANNUAL PREMIUM	\$1,560
The Foregoing Amendment Results in a Premium Adjustment of	\$0
Minimum Premium	\$750

*Entries in this item, except as specifically provided elsewhere in this policy, do not modify any of the other provisions of this policy.

Amended

Standard Workers' Compensation
and Employer's Liability Policy

Page 2 of 3

CARRIER NUMBER <u>0001</u>	NAMED INSURED GLOBAL LANDSCAPE CENTER DEBTOR	POLICY NO. <u>12-60544</u>	POLICY TERM 01/27/2012 to 05/27/2013	AGENT NO. <u>0040556</u>
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ITEM 4. Classification of Operations

ST	LOC	CODE	TYPE OF RISK	PREM BASIS TOTAL EST ANN REMUN	RATE PER \$100 REMUN	EST ANN PREMIUM
MI	0001	7380	Drivers and/or Chauffeurs NOC Commercial	IF ANY	9.10	\$0
MI	0001	8010	Store Hardware	82,600	2.26	\$1,867
MI	0001	8395	Automobile Repair Facility	1,200	6.12	\$73
MI	0001	8742	Salespersons, Collectors or Messengers - Outside	9,600	0.80	\$77
MI	0001	8810	Clerical Office Employees	12,500	0.36	\$46
SUB-TOTAL						\$2,065
MI		9721	Group Deviation			\$-103
MI		9807	Premium for Increased Coverage B Limits		1.0%	\$20
MI		9648	Additional to Meet Coverage B Minimum Premium			\$30
MI		9698	Experience Modification		.8300	\$-342
MI		9687	Schedule Modification and/or Safe Workplace Modification and/or Health Care Credit			\$-351
PREMIUM FOR MICHIGAN SUBJECT TO PREMIUM DISCOUNT						\$1,319
MI		9740	Terrorism Risk Insurance Act of 2002 - Certified Losses Terrorism Premium Not Eligible for Premium Discount	105,900	0.300	\$32
TOTAL SCHEDULE OF OPERATIONS PREMIUM FOR MICHIGAN						\$1,351

Additional Named Insureds

LOCATION	NAME	LINK	FEIN	NAME / ADDRESS
0001	001	001	00017582	GLOBAL LANDSCAPE CENTER DEBTOR IN POSSESSION

Location(s) Schedule

LOCATION NUMBER	ADDRESS
0001	12/25 LEVAN RD LIVONIA, MI WAYNE 48150-1201

04623(03-07)

AGENT COPY

Amended

Standard Workers' Compensation
and Employer's Liability Policy

Page 2 of 3

CARRIER NUMBER 0001	NAMED INSURED GLOBAL LANDSCAPE CENTER DESTOR	POLICY NO 0000000000	POLICY TERM 03/27/12 to 03/27/13	AGENT NO. 00000000
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ITEM 4. Classification of Operations

ST	LOC	CODE	TYPE OF RISK	PREM BASIS TOTAL EST ANN REMUN	RATE PER \$100 REMUN	EST ANN PREMIUM
MI	0001	7380	Drivers and/or Chauffeurs NOC Commercial	IF ANY	9.10	\$0
MI	0001	8010	Store Hardware	82,600	2.26	\$1,867
MI	0001	8395	Automobile Repair Facility	1,200	6.12	\$73
MI	0001	8742	Salespersons, Collectors or Messengers - Outside	9,600	0.80	\$77
MI	0001	8810	Clerical Office Employees	12,500	0.38	\$48
SUB-TOTAL						\$2,065
MI		9721	Group Deviation			\$-103
MI		9807	Premium for Increased Coverage B Limits		1.0%	\$20
MI		9848	Additional to Meet Coverage B Minimum Premium			\$30
MI		9808	Experience Modification		.8300	\$-342
MI		9867	Schedule Modification and/or Safe Workplace Modification and/or Health Care Credit			\$-351
PREMIUM FOR MICHIGAN SUBJECT TO PREMIUM DISCOUNT						\$1,319
MI		9748	Terrorism Risk Insurance Act of 2002 - Certified Losses Terrorism Premium Not Eligible for Premium Discount	105,900	0.000	\$32
TOTAL SCHEDULE OF OPERATIONS PREMIUM FOR MICHIGAN						\$1,351

Additional Named Insureds

LOCATION	NAME LINK	FEIN	NAME / ADDRESS
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0001	001-001	0000000000	GLOBAL LANDSCAPE CENTER DESTOR IN POSSESSION
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Location(s) Schedule

LOCATION NUMBER	ADDRESS
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0001	12/25 LEVAN RD LIVONIA, MI WAYNE 48150-1201
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64622(03-09)

AGENT COPY

Amended

Standard Workers' Compensation
and Employer's Liability Policy

Page 3 of 3

CARRIER NUMBER

NAMED INSURED

POLICY NO.

POLICY TERM

AGENT NO.

~~000000~~

GLOBAL LANDSCAPE CENTER DETROIT

~~000000~~

06/27/2012 to 06/27/2013

~~000000~~

Endorsement Schedule

STATE	FORM NUMBER	EDITION DATE	TITLE
MI	WC000000B	0711	Workers Compensation & Employers Liability Ins Policy
MI	WC000306	0484	Partners, Officers & Others Exclusion Endorsement
MI	WC000403	0484	Experience Rating Modification Factor Endorsement
MI	WC000404	0484	Pending Rate Change Endorsement
MI	WC000406A	0795	Premium Discount Endorsement
MI	WC000414	0790	Notification of Change in Ownership Endorsement
MI	WC000419	0101	Premium Due Date Endorsement
MI	WC000422A	0906	Terrorism Risk Ins Prog Reauth Act Disclosure End
MI	WC210303	0697	Michigan Notice to Policyholder Endorsement
MI	WC210304	0484	Michigan Law Endorsement
MI	05671	0710	Membership Information
MI	05826	0710	Witness Clause

SCHEDULE MODIFICATION

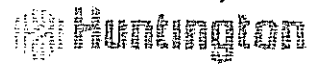
MICHIGAN Schedule Modification
and/or Safe Workplace
Modification and/or
Health Care Credit

7900

.35:

FM-743(1-96)

THE HUNTINGTON NATIONAL BANK
PO BOX 1556 FA1W37
COLUMBUS OH 43216-1556



GLOBAL LANDSCAPE CENTER INC
12725 LEVAN RD
LIVONIA MI 48150-1201

Have a Question or Concern?

Stop by your nearest
Huntington office or
contact us at:

1-800-486-2001

www.huntington.com/
businessresources

Huntington Free Business Checking Account

Account: ~~XXXXXXXXXX~~ 2812

Statement Activity From:		Beginning Balance	\$124.91
04/01/13 to 04/30/13		Credits (+)	1,025.93
		Electronic Deposits	1,025.93
Days in Statement Period	30	Debits (-)	700.71
		Electronic Withdrawals	200.71
Average Ledger Balance*	176.17	Other Debits	500.00
Average Collected Balance*	176.17	Total Service Charges (+)	0.00
* The above balances correspond to the service charge cycle for this account		Ending Balance	\$450.13

Other Credits (+)

Account: ~~XXXXXXXXXX~~ 2812

Date	Amount	Description
04/04	156.68	HUNT MERCH SVCS DEPOSIT XXXXXXXXXX
04/12	225.80	HUNT MERCH SVCS DEPOSIT XXXXXXXXXX
04/15	69.85	HUNT MERCH SVCS FEE XXXXXXXXXX
04/15	6.89	HUNT MERCH SVCS DEPOSIT XXXXXXXXXX
04/22	19.08	HUNT MERCH SVCS DEPOSIT XXXXXXXXXX
04/23	131.90	HUNT MERCH SVCS DEPOSIT XXXXXXXXXX
04/26	28.58	HUNT MERCH SVCS DEPOSIT XXXXXXXXXX
04/29	335.05	HUNT MERCH SVCS DEPOSIT XXXXXXXXXX

Other Debits (-)

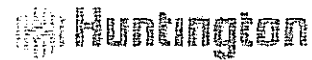
Account: ~~XXXXXXXXXX~~ 2812

Date	Amount	Description
04/02	40.36	HUNT MERCH SVCS FEE XXXXXXXXXX
04/02	1.46	HUNT MERCH SVCS INTERCHNG XXXXXXXXXX
04/02	0.19	HUNT MERCH SVCS DISCOUNT XXXXXXXXXX 00
04/10	200.00	INTERNET TFR TO CHECKING XXXXXXXXXX 22
04/16	158.68	HUNT MERCH SVCS DEPOSIT XXXXXXXXXX 00
04/23	100.00	INTERNET TFR TO CHECKING XXXXXXXXXX 02

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

The Huntington National Bank is Member FDIC. and Huntington are federally registered service marks of Huntington Bancshares Incorporated. ©2013 Huntington Bancshares Incorporated.

Statement Period from 04/01/13 to 04/30/13 Page 1 of 2

**Service Charge Summary**Account: ~~6011204~~ 2812

Previous Month Service Charges (-) \$0.00
Total Service Charges (-) \$0.00

Balance ActivityAccount: ~~6011204~~ 2812

Date	Balance	Date	Balance	Date	Balance
03/31	124.91	04/12	267.36	04/29	25.50
04/02	82.88	04/15	334.10	04/26	54.08
04/04	241.56	04/16	175.42	04/29	450.13
04/10	41.56	04/22	194.56		

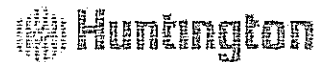
In the Event of Errors or Questions Concerning Electronic Fund Transfers (electronic deposits, withdrawals, transfers, payments, or purchases), please call either 1-614-480-2001 or call toll free 1-800-480-2001, or write to The Huntington National Bank Research - EA4W61, P.O. Box 1556, Columbus, Ohio 43216 as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic fund transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name, your business's name (if appropriate) and the Huntington account number (if any).
2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error. We will investigate your complaint or question and will correct any error promptly.

Verification of Electronic Deposits If you authorized someone to make regular electronic fund transfers of money to your account at least once every sixty days, you can find out whether or not the deposit has been received by us, call either 1-614-480-2001 or call toll free 1-800-480-2001.

Balancing Your Statement - For your convenience, a balancing page is available on our web site <https://www.huntington.com/pdf/balancing.pdf> and also available on Huntington Business Online.

THE HUNTINGTON NATIONAL BANK
PO BOX 1568 EA1W37
COLUMBUS OH 43216-1555



GLOBAL LANDSCAPE CENTER INC
12-60544
12725 LEVAN RD
LIVONIA MI 48150-1201

Have a Question or Concern?

Stop by your nearest
Huntington office or
contact us at:

1-800-480-2001

www.huntington.com/
businessresources

Huntington Free Business Checking Account

Account: ~~61581~~ 2922

Statement Activity From:
04/01/13 to 04/30/13

Days in Statement Period 30

Average Ledger Balance* 3,118.34
Average Collected Balance* 3,118.34

* The above balances correspond to the
service charge cycle for this account.

Beginning Balance	\$263.13
Credits (+)	8,326.08
Regular Deposits	7,805.00
Electronic Deposits	21.68
Other Credits	500.00
Debits (-)	4,085.48
Regular Checks Paid	1,871.26
Other Debits	2,214.22
Total Service Charges (-)	0.00
Ending Balance	\$4,503.73

Deposits (+)

Account: ~~61581~~ 2922

Date	Amount	Serial #	Type	Date	Amount	Serial #	Type
04/10	\$ 300.00		Brch/ATM	04/29	505.00		Brch/ATM
04/29	2,000.00		Brch/ATM				

Other Credits (+)

Account: 01~~581~~ 2922

Date	Amount	Description
04/10	200.00	INTERNET TRF FRM CHECKING 61581 2922
04/23	300.00	INTERNET TRF FRM CHECKING 61581 2922
04/24	21.08	ADP TX/FINCL SVC ADP - TAX 61581 2922

Checks (-)

Account: ~~61581~~ 2922

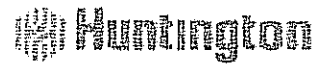
Date	Amount	Check #	Date	Amount	Check #
04/03	165.00	3284	04/12	\$ 97	3286
04/15	1,050.31	3285	04/29	650.00	3288*

(*): Indicates the prior sequentially numbered check(s) may have 1) been voided by you 2) not yet been presented 3) appeared on a previous statement or 4) been included in a list of checks.

Investments are offered through the Huntington Investment Company, Registered Investment Advisor, member FINRA/SIPC, a wholly-owned subsidiary of Huntington Bancshares Inc.

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Statement Period from 04/01/13 to 04/30/13 Page 1 of 2

**Other Debits (-)**

Account: [REDACTED] 2922

Date	Amount	Description
04/23	541.13	VOLVO FINANCIAL PAYMENT [REDACTED]
04/23	222.76	BRIGHT HOUSE PAYMENT [REDACTED]
04/26	1,650.31	CAPITAL INSUR PAYMENT [REDACTED]

Service Charge Summary

Account: [REDACTED] 2922

Previous Month Service Charges (-)	\$0.00
Total Service Charges (-)	\$0.00

Balance Activity

Account: [REDACTED] 2922

Date	Balance	Date	Balance	Date	Balance
03/31	203.13	04/12	5,592.16	04/24	3,699.04
04/03	98.13	04/15	4,541.85	04/26	2,646.73
04/10	5,598.13	04/23	3,677.86	04/29	4,503.73

In the Event of Errors or Questions Concerning Electronic Fund Transfers (electronic deposits, withdrawals, transfers, payments, or purchases), please call either 1-614-480-2001 or call toll free 1-800-480-2001, or write to The Huntington National Bank Research - EA4WB1, P.O. Box 1558, Columbus, Ohio 43216 as soon as you can, if you think your statement or receipt is wrong or if you need more information about an electronic fund transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name, your business's name (if appropriate) and the Huntington account number (if any).
2. Describe the error or the transaction you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error. We will investigate your complaint or question and will correct any error promptly.

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